

FORM 2***Disclosure of Owners, Investors, Managers and Controlling Parties****Part I: Ownership Structure**

List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

Name Scott Scofield	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City N. Providence	State RI	ZIP 02904	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]
Name Chris Celani	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Johnston	State RI	ZIP 02919	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]
Name Joseph Migliore	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Barrington	State RI	ZIP 02806	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]
Name Robert A. Medeiros, Sr.	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Johnston	State RI	ZIP 02919	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]
Name Robert F. McCaffrey III	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City North Kingstown	State RI	ZIP 02852	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]
Name Mark S. Harrington	Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Warwick	State RI	ZIP 02818	Phone Number [REDACTED]

Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	
Name Richard W. Lavoie		Title Member		SSN/FEIN [REDACTED]	DOB [REDACTED]
App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Address [REDACTED]		City Newbury	State MA
ZIP 01922		Phone Number [REDACTED]		Business Associated with (Parent business or sub-entity)	
Own. % Business Associated with		Effective Own. % in Applicant		[REDACTED]	

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
RICCI FURNITURE, INC	N/A	[REDACTED]	[REDACTED]

Authorized Signatory

5/9/2018

Date

Robert McCaffrey, Member

Printed Name